

ECY 040-1-14

Rev. 7/97 * * f

APPLICATION

State of Washington Application for a Water Right

-

Please follow the attached instructions to avoid unnecessary delays.

Section	1. APPLIC	CANT	PERSON	N, ORGAI	NIZAT	ION, OR V	WATER	RSYS	TEM
									2361
-			1 To						2361
City KEL	50	St	ate <u>WA</u> Zi	p+4 <u>9862</u>	16_+_	FAX: (_)_		
	2. CONTA e as above	CT - P				JT THE A	PPLIC	ATIO	N
Name						Home Tel: (_)_		
Mailing Ad	dress		5.			Work Tel: (_)		·
City		St	ateZi	p+4	+ _	FAX: ()_		
Relationship	to applicant _								
The applica cubic fee of Descript sufficient. Estimate a result of the cubic fee of Descript. Estimate a result of the cubic fee of Descript. Estimate a result of the cubic fee of Descript sufficient. Estimate a result of the cubic fee of the c	TION OF THE	ermit to us rom a se se se se se se se se se	osed for a short to	han	ground ons.) NO er year: ect. Indic	water source (of LAWN, LIVE) TE: A tax parce	check only SSTOCH el number AFY of time th	y one) for some of the some o	or the purpose(s) ACH A "LEGAL" at number is not water will be needed
	ows into (nam			_	Size &	depth of well	(s): 6	INCH TO 2	DIAMETER 65 FEET
LOCATIO	ON							12134 1 1 2 3 14 1 2 3 4 7 1 2 3 3	
section co	north-south a orner: THE SEC	nd east-w	rest distance 1242 T Corn	es in feet fro	m the po	oint of diversi	on or wi	thdraws	al to the nearest ET WEST IN, RANGE
1/4 of	1/4 of	Section	Township	Range (E/W)		County	If location		ce is platted, complete elow:
							Lot	Block	Subdivision
SE	NW	30	7N	IW	cow	LITZ	15		MOUNT PLEASANT ACERAGE TRACES
		30	7N	IW	Cow	LITZ	16		MT. PLEASANT ALERAGE TRACT
For Ecology 1	Jse Date Rece	ived:		Priorit	y Date:				
SEPA: Exemp	ot/Not Exempt	FERC Lice	nse#			_ Dept. Of Healt	h #		1/
Date Accepte	d As Complete		Ву	Da	te Returne	d	В	у	WRIA:

Appl. No.: 62-2968

Se	ection 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.) Domestic supply (House 2 BATHROOMS) (KITCHEN) (WASHER LAUNDRY YZ ACRE LAWN 1 WATER OUT LET
*	GACRE GARDEN LIVESTOCK INCLUSIVE 1 WATER OUTLET IRRIGATE LAWN AND GARDEN, 4 hrs EARLY MORNING, 2 hours EVENING
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION
(C	Completed for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
D	(Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Co	mplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
199 (\$2.0c.) A	ection 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION Completed for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
	Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type HEREFORD (If dairy cattle, see below) Dairy - # Milking # Non-milking # Non-milking



Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to	o retain or store water?
--	--------------------------

☐ YES 🗶 NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

LOCATED APPROXIMATELY & MILES S.S.E of LONGVIEW, WA

Provide detailed driving instructions to the project site. OFF I-5 (CARROLLS EXIT) TO Old 99

PACIFIC HIGHWAY

SOUTH, OFF OL99 TO MT PLEASANT Rd, OFF MT PLEASANT

TO KINGSbury OFF KINGSBURY TO RISLEY Rd, WEST

ON RISLEY Rd, HALF WAY DOWN ONLY HOUSE ON

NORTH SIDE OF ROAD

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 1		$\mathbf{D}\mathbf{\Omega}$	DEDT	VO	AIN	TENDS	NUID
Section 1	LI. I		LIXI	IU	AAT.	A TO THE	TILL

A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provious of the owner(s):		≥ YES	□NO
В.	Does the applicant own the land on which the water source is local If no, submit a copy of agreement:	ated?	⊠ YES	□NO
to pr mon	tify that the information above is true and accurate to the best crocess my application, I grant staff from the Department of Ecolitoring purposes. Even though I may have been assisted in the ployees of the Department of Ecology, all responsibility for the accuracy.	logy access to the site for insp preparation of the above appli	ection an	d the
Appl	icant (or authorized representative)	6-12-98 Date		es .
Land	lowner for place of use (if same as applicant, write "same")	6 - 12 - 98 Date		

We are returning your application for the following reason	on(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)ncomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested abo	ove and return you	r application by
cology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).